

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007423

STATE FILE NUMBER

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

77

FILED MAR 5 1962

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Sedalia

Length of stay in 1b

60 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE

109 E. Pacific St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY

Pettis

c. CITY

OR TOWN

Sedalia

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

109 E. Pacific St.

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Marion

Middle

Elbert

Last

4. DATE OF DEATH

Month

2

Day

23

Year

1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-13-1890 71

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Labor

11. BIRTHPLACE (City and state or country)

Smithton Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Byrd

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

none

16. SOCIAL SECURITY NO.

17. INFORMANT

519 N. Lamine St.

Mrs Victoria Patterson

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Occlusion
Carcinoma of Lungs
Arterio Sclerotic Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

Acute myocarditis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 25-62 to Feb 23-62

and last saw him alive on Feb 23-62

Death occurred at Sedalia 4 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. R. Maddox M.D.

22b. ADDRESS

116 1/2 W. Main Sedalia Mo

22c. DATE SIGNED

2-24-62

23a. BURIAL, CREMATION, (Specify)

Burial

23b. DATE

2-27-62

23c. NAME OF CEMETERY OR CREMATORY

Crown Hill Annex

23d. LOCATION (City, town, or county)

Sedalia Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Allen & Sons Funeral Home

117 E. Jefferson

25. DATE RECD. BY LOCAL REG.

Feb 28. 1962

26. REGISTRAR'S SIGNATURE

Frances Shelby

SEDALIA MO

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. D. Hardiman

Licensed Embalmer No. 4378

P. O. Address 4037. @page

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.